

Discussion Group #4 Uses for 2-1-1 and Go Local in the Event of Disasters

Please discuss and answer the following questions with your group.

Before you start, please identify a volunteer who will present a summary of the group's feedback for general discussion at 11 a.m.

1. What is known about the use or effectiveness of 2-1-1 services in disaster-affected areas?
2. How might this knowledge inform Go Local content related to emergency preparedness and response?
3. What comments do you have about emergency preparedness features on Go Local?
4. What are some example types of special projects or awards that the RML could consider funding to encourage emergency preparedness activities by libraries for their organizations and their communities?

DISCUSSION NOTES

An "emergency only option" is planned for Go Local. Even sites that are not providing full Go Local information will have an information stub with basic contacts for emergency situations.

Tom Page provided background on 211. Today a new national status map is available (<http://www.211.org/status.html>). In 1977 United Way of Atlanta pioneered 211, based on an Information and Referral (I&R) call center. They found a 40% increase in calls after instituting 211. Connecticut was the second site. Now, 10 years later, there are 240 call centers in US plus some in Canada, 70% of US population has 211 service. Adoption was much faster than 911. Cell phone and wireless continue to present programming challenges. Nationally 211 was not well coordinated, with many centers serving only their local areas and using systems developed locally.

AIRS (Alliance of Information and Referral Systems), United Way of America, and the 211 Leadership Council have joined forces to try to coordinate. AIRS develops standards and training to provide quality. Their I&R services cover all sorts of referral, much broader than health and human services orientation of 211. There are also specialized hotlines—e.g., suicide prevention, cancer, senior services. United Way provides advocacy, and 211 Leadership Council provides systems integration. Leadership Council is also emerging as overall coordinator. The goal is an integrated North American network including backup, access to each others' systems, data, power. Tom gave an example of the power of the data collected by 211. In Connecticut 7 years

of data concerning substance abuse calls were mapped. From this policy makers could infer the need for additional services and location of potential users.

There is not much 211 coordination now between states or entities. Washington is the first fully integrated state, where everyone is using the same database platform. Texas is also now well organized. Washington 211 took a 60% budget cut this year. So service will be available Monday-Friday 8-6. It had been 24/7.

The database that drives 211 is different in most sites with a few major vendors. United Way provides some financial support to 60% of 211s. In King Co approximately 20% of the budget comes from United Way.

A human answers all 211 call center calls. Information is usually also available online via www.211.org that links to state/local pages.

Susie McIntyre commented that Montana had received approximately \$500,000 from NLM to set up the data information system. It is not yet up for phone-in use. Their system will refer at "organization level" (e.g., to clinics or medical societies), not to individual practitioners. Sherri asked about the possibility of clicking through ABMS to get to individual MDs.

According to Tom the services that people look for in a true disaster are limited (shelter, ice, finding people) but evolve rapidly to all sorts of other needs. 211 must be linked to the emergency response centers. Susie commented that this must include tribes from the beginning. They are sovereign nations. Tribal members (like others in small communities) might like the anonymity of calling 211 to reach resources beyond the reservation. Sherri reminded us that tribal clinics will serve non-natives as well.

There was some discussion of the indexing of Go Local services. Missouri mapped the AIRS information taxonomy to MeSH. Montana got these files from Missouri. Susie asked if NLM could make it easier to link AIRS taxonomy data for use with Go Local.

Tom suggested identifying which agencies are critical in emergencies. We can get this information from those who have been in such an emergency and use as preparedness issue, the 211 can be a conduit. He gave an example post Katrina. A TV announcement gave FEMA information about the locations where ice was available. Individuals called 211 to verify if information was still accurate as availability changes from moment to moment.

Susie commented on the need for funding for a state coordinator for Go Local. This person must travel and be at the table for preparedness drills, etc.

In Washington the emergency management division is part of the state military department (along with the National Guard), not part of department of health. EMD has put together a comprehensive emergency management plan with 20+ functional areas.

Participating in emergency preparedness is a community service, something libraries should do, with or without funding (Sheldon). Sherri commented that finding continuing support for personnel is an issue.

Tom suggested that RMLs should be talking to state EMDs, especially the public information officers. They need links to TOX databases. If plans are coordinated, agencies can apply for homeland security funding.

It's all about planning, not the plan. In an emergency people will remember/trust individuals and contacts and may not rely on the plan itself. Susie suggests stressing to legislatures that duplication of data collection is a huge waste of money. According to Tom 8 years ago 25-350 agencies in King County were maintaining their own databases of information. There is a need for "crosswalks" for data/language mapping.

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